

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

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|--|--|---|
| NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00053553 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | |
|---|--|---|--|
| Full Name of Payee Master Print, Inc. | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 24 / 2014</div> </div> | |
| Mailing Address P.O. Box 1467 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1127.58</div> | |
| City Newington | State VA | Zip Code 22122 | Transaction ID : 61881381 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div> |
| Purpose of Expenditure Print 4 Color Postcard | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | | |
| Name of Federal Candidate Martha McSally Ms. | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: AZ | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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| Full Name of Payee Prolist Inc. | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 24 / 2014</div> </div> | |
| Mailing Address 8341 Beechcraft Avenue | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11961.07</div> | |
| City Gaithersburg | State MD | Zip Code 20879-1509 | Transaction ID : 61881383 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div> |
| Purpose of Expenditure Independent Expenditure - Postage (Estim | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | | |
| Name of Federal Candidate Martha McSally Ms. | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: AZ | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">13088.65</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Rose Adkins

[Electronically Filed]

Date

MM / DD / YYYY
09 / 26 / 2014

Signature